

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2077

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4421		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville Mo 0130</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>605 Main St</u>				d. STREET ADDRESS (If rural, give location) <u>605 Main st</u>					
3. NAME OF DECEASED a. (First) <u>Strother</u>		b. (Middle) <u>None</u>		c. (Last) <u>Hoy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 11 - 1867</u>			
9. AGE (in years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Parkville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer - small</u>		13a. FATHER'S NAME <u>Wm. Hoy</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline M. Quiddy</u>			
13c. NAME OF HUSBAND OR WIFE <u>Clementine Turner Hoy</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>no</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Charles Hoy</u> ADDRESS <u>Parkville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old Age &amp; mal nutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Hip</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Neither</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>(City) Parkville Platte Mo 0130</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1948</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>					
22. I hereby certify that I attended the deceased from <u>Dec 1 1949</u> , to <u>Jan 5 1950</u> , that I last saw the deceased alive on <u>Jan 5 1950</u> and that death occurred at <u>60</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Whitewood MD</u> (Degree or title)				23b. ADDRESS <u>Parkville Mo</u>		23c. DATE SIGNED <u>Jan 6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		24b. DATE <u>Jan 7</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan 6 - 50</u>		REGISTRAR'S SIGNATURE <u>Opheia Roelins</u> 257		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland G. Francis</u> ADDRESS <u>Parkville</u>					

(Licensed Embelmer's Statement on Reverse Side)

RECEIVED

JAN 10

District Health Officer No. 8,

District File Number.....

Date Filed 1-12-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, [Signature]

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Leland H. Francis

Licensed Embalmer No.

3451

P. O. Address

Packville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.